

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-028847

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7368

FILED AUG 6 1962

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

St. Louis

Length of stay in 1b

D.O.A.

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

St. Louis City Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY

c. CITY

OR TOWN

St. Louis

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

908 Christian Street

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

First

Middle

Last

George

Kloes

4. DATE OF DEATH

Month

Day

Year

July 24 1962

## 5. SEX

male

## 6. COLOR OR RACE

white

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

8-3-1891

## 9. AGE (last birthday)

70

## IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Bartender (retired)

## 10b. KIND OF BUSINESS OR INDUSTRY

not stated

## 11. BIRTHPLACE (City and state or country)

St. Louis, Missouri

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Conrad Kloes

## 13b. MOTHER'S MAIDEN NAME

Lena Freidericksen

## 14. NAME OF HUSBAND OR WIFE

never married

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

Yes

1st World War

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Mrs. Lena Schirm, 2330 Fair Acres Road

## 18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Fractured skull, with hemorrhage into the brain; shock as a result of the multiple compound and simple fractures; suffered when struck by car operated by one John Chapman, in front of about 7856 No. Broadway, about 10:00 P.M. on July 24, 1962.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Criminal Carelessness

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

## 20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

See above

## 20c. TIME OF INJURY

Hour

a.m.

p.m.

## Month, Day, Year

7-24-62

## 20d. INJURY OCCURRED WHILE AT WORK

NOT WHILE AT WORK ☒

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Street 08

## 20f. CITY, TOWN, OR LOCATION

St. Louis Mo

## COUNTY

## STATE

## 21. I attended the deceased from

to

and last saw him alive on

Death occurred at

m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree) Deputy Coroner

## 22b. ADDRESS

1300 Clark

## 22c. DATE SIGNED

7/26/62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

July 27, 1962

## 23c. NAME OF CEMETERY OR CREMATORY

St. Paul's Cemetery

## 23d. LOCATION (City, town, or county)

St. Louis Missouri

## 24. FUNERAL DIRECTOR

Math Hermann &amp; Son, Inc.,

## ADDRESS

2161 E. Fair Ave

## 25. DATE RECD. BY LOCAL REG.

JUL 26 1962

## 26. REGISTRAR'S SIGNATURE

Road Smith, M.D.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK  
OR  
TYPEWRITER RIBBONVS 300  
Rev. 4/59

1

2 208

3

4 0

5 0

6

7 0

8 1

9 X

10

11 aas

12 2-3

13

91

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Alvin L. Vail*

Licensed Embalmer No.

*3737*

P. O. Address

*St. Louis Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.